

AUTHORITY: Center for Disease Control
(CDC).

COMPLETION: Voluntary. (Consideration for
funding will not be possible if form is not filed.)

STATE USE ONLY

Date Received

Project Number

**COMPETITIVE CONTINUATION AND START-UP MINI-GRANTS
FOR COORDINATED SCHOOL HEALTH TEAMS, SCHOOL HEALTH INDEX &
THE ROLE OF MICHIGAN SCHOOLS IN PROMOTING HEALTHY WEIGHT
UNDER THE CENTERS FOR DISEASE CONTROL AND PREVENTION
SPECIAL PROJECTS FUNDING FOR FISCAL YEAR 2003-2004**

PART A.

APPLICANT	Legal Name of Applicant	Federal ID Number	Telephone (Area Code)
	Address	City	Zip Code
CONTACT PERSON	Name of Contact Person	Telephone (Area Code)	Fax Number (Area Code)
	Address	City	Zip Code
	E-Mail		

Please indicate which mini-grant you are applying for (see page 1 of application instructions):

☐ SHI Continuation Mini-Grant Applicant

☐ SHI Start-up Mini-Grant Applicant

PART B.

ASSURANCES AND CERTIFICATION: By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 1a and 1b, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

DATE _____ SUPERINTENDENT OR
AUTHORIZED OFFICIAL _____
SIGNATURE _____
TYPED NAME/TITLE _____

MAILING INSTRUCTIONS: The ORIGINAL and FOUR (4) copies of this application must be received at the Michigan Department of Education by SEPTEMBER 19, 2003.
(Hand-delivered, emailed, and faxed applications will not be accepted.)

ASSURANCES AND CERTIFICATIONS

-- FEDERAL PROGRAMS --

INSTRUCTIONS: Please attach ALL assurances to the application.

Certification Regarding Lobbying for Grants and Cooperative Agreements

No federal, appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL "Disclosure Form to Report Lobbying," in accordance with its instructions. The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Assurance with Section 511 of the U.S. Department of Education Appropriation Act of 1990

When issuing statements, press releases, requests for proposals, solicitations, and other documents describing this project, the recipient shall state clearly: 1) the dollar amount of federal funds for the project, 2) the percentage of the total cost of the project that will be financed with federal funds, and 3) the percentage and dollar amount of the total cost of the project that will be financed by nongovernmental sources.

Assurance Concerning Materials Developed with Funds Awarded Under this Grant

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

Certification Regarding Nondiscrimination Under Federally and State Assisted Programs

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

Participation of Non-Public Schools

The applicant assures that private non-profit schools have been invited to participate in the grant program and participating schools have been consulted in assessing needs, planning, and implementing the activities of this application. The applicant shall maintain continuing administrative control and direction over funds and property that benefits students enrolled in private schools.

AUDIT REQUIREMENTS

All grant recipients who spend \$300,000 or more in federal funds from all sources are required to have an audit performed in compliance with the Single Audit Act. (*Effective November 1996.*)

ASSURANCES AND CERTIFICATIONS (Continued)

-- FEDERAL PROGRAMS --

Certification Regarding Title II of the Americans with Disabilities Act (ADA), P.L. 101-336, State and Local Government Services (for Title II applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities and services of public entities. Title II requires that "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

Certification Regarding Title III of the Americans with Disabilities Act (ADA), P.L. 101-336, Public Accommodations and Commercial Facilities (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title II of the ADA for the program or service for which they receive a grant.

-- SPECIFIC PROGRAM ASSURANCES --

PART B. (Continued)

Initiation and continuation of funding is contingent upon satisfactory fulfillment of the following assurances. Inability to fulfill any or all of these assurances could result in a reduction or discontinuation of funding.

Site Coordinator

A person from each site will be designated as the School Health Index Site Coordinator whose purpose is to be the primary contact with the Michigan Department of Education.

Facilitator

A person will be identified to work with the school during the implementation of the School Health Index.

Meeting Requirements

Site Coordinator will attend two meetings; one mid year and one at the end of the year.

Required Reporting

Grantees are required to submit completed pre and post survey; completed accumulated building SHI Score Sheet, completed SHI Action Plan, written implementation steps and outcomes, budget detailing how the \$1,000 stipend was spent, and future plans, including board proposals, school policies, and program changes resulting from SHI implementation/process.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL

DATE

PART C. PROJECT DETAILS

C-1. PROJECT ABSTRACT

Do not include **more than two** double-spaced typed sheets. Attach pages to application with the heading labeled "Project Abstract." (See page 2 on the application.)

- a. Brief explanation of the need for the project in your building (Statement of Need).
- b. Highlight how you will use the data and information to change and improve the school environment.

C-2. Number of students in the school: _____

C-3. PROPOSED COORDINATED SCHOOL HEALTH TEAM

List key people who will most likely serve on the Coordinated School Health Team in the chart below. Please "X" the on-site coordinator. (See page 4 of the Application Instructions.)

<u>Proposed Team Member Name and Signature or Initials</u>	<u>Position/Title</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

PART D. NARRATIVE PROGRAM DESCRIPTION

Michigan State Board of Education Grant Strategic Goal and Strategic Initiatives

The State Board of Education has adopted its Strategic Goal "Attain substantial and meaningful improvement in academic achievement for all students/children, with primary emphasis on chronically underperforming schools and students." In addition, the State Board has adopted the following five Strategic Initiatives to implement the goal:

- 1) Ensuring Excellent Educators.
- 2) Elevating Educational Leadership.
- 3) Embracing the Information Age.
- 4) Ensuring Early Childhood Literacy.
- 5) Integrating Communities and Schools.

To the greatest extent possible, not more than one (1) page in length, explain how *one* of the five Michigan State Board of Education strategic initiatives will be addressed through this project, the SHI assessment and implementation of Healthy Weight paper recommendation(s).

PART E. BUDGET

INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the Michigan School Accounting Manual (Bulletin 1022).

1. BUDGET SUMMARY CFDA NUMBER: 93.938

LEGAL NAME OF APPLICANT					
RECIPIENT CODE	GRANT NUMBER	PROJECT NUMBER	PROJECT TYPE	ENDING DATE	FY of Approved Activity
	032770	SHI0304	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> 2 Carryover	M M D D Y Y 0 2 2 8 0 4	2003

BUDGET:		OBJECTS:						
FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 30000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	TOTAL
110	Instruction -- Basic Programs							
120	Instruction -- Added Needs							
130	Instruction -- Adult/Continuing Ed.							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
	SUBTOTALS (sum of ALL lines above)							
400	Outgoing Transfers & Other Transactions							
999	INDIRECT CHARGES --NOT ALLOWED--							
TOTAL EXPENDITURES								

TOTAL AMOUNT REQUESTED

TRANSACTION PURPOSE:	AMOUNT OF CHANGE
<input checked="" type="checkbox"/> Original	(Use minus sign preceding decreases)
<input type="checkbox"/> 2 Amendment	\$ _____

DATE	BUSINESS OFFICE REPRESENTATIVE (Type or Print)	SIGNATURE
DATE	PROJECT CONTACT PERSON (Type or Print)	SIGNATURE
	Elizabeth Coke Haller	
DATE	M.D.E. CONTACT PERSON (Type or Print)	SIGNATURE

MDE certifies the application is complete and meets the program requirements set forth in statute.

2. BUDGET DETAIL ---

Explain each line item that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.